



Family Access to Medical Insurance Security Plan (FAMIS)

MEMBER HANDBOOK

August 2003

1-866-87FAMIS · www.FAMIS.org

Welcome to FAMIS!

Welcome to Family Access to Medical Insurance Security (FAMIS). This is a comprehensive health insurance program for Virginia's children. FAMIS is administered by the Virginia Department of Medical Assistance Services (DMAS) and is funded by the state and federal government.

You should read this handbook from the beginning to the end. It contains important information you need to know to make sure your FAMIS child gets all the medical care he or she needs!

WHAT YOU NEED TO KNOW:

- **If you move, you must contact FAMIS and give us your new address. If we cannot locate you, your child may not be able to get health care, and when it is time to renew FAMIS, your child's coverage will be canceled.**
- **You must renew your child's FAMIS coverage within 12 months. We will send you a renewal form at the right time. If you do not complete the paperwork in time, FAMIS coverage will be canceled. (See page 3 for more details).**
- **You must report certain changes to FAMIS during the year. (See pages 2-3 for more details).**
- **Your child may receive health care from a Managed Care Organization (MCO) if you live in a locality that is served by an MCO. (See pages 4-5 for more details).**
- **FAMIS might help pay your monthly health insurance premium for family coverage, if offered by your employer. (See pages 5-7 for more details).**
- **You will only receive one permanent DMAS health insurance card for each enrolled child. If your child is enrolled in an MCO, you will also receive another card from that MCO. Always show your MCO ID card every time your child receives medical or dental services. Keep both cards safe. (See pages 3-4 for more details).**
- **FAMIS also pays for well-child check-ups and immunizations that will help keep your child healthy. Don't wait until your child is sick to use FAMIS! (See pages 7-9 for a list of covered services).**

1. HOW LONG WILL FAMIS COVER MY CHILD?

FAMIS provides twelve months of continuous coverage (beginning with the month the child was enrolled), UNLESS:

- Your family's gross monthly income goes over the income limit for your family size,
- The child moves out of Virginia,
- You apply for Medicaid and the child is found eligible for Medicaid,
- The child turns age 19 during the enrollment period, or
- You request, in writing, that the FAMIS coverage be stopped.

If none of the above changes happen, your child will remain covered by FAMIS for 12 months. Near the end of the 12 months, you will be sent a renewal application to complete in order to continue the FAMIS coverage for another year.

2. WHAT MUST I REPORT TO FAMIS?

You only have to report the following changes if they happen before your annual renewal:

- 1) **INCOME** – You must report an **increase** in your family income ONLY IF your increased gross monthly income (before any deductions) is over 200% of the federal poverty level (FPL) for your family size. If your gross monthly income goes up, but it is still less than or equal to the 200% FPL limit, **you do NOT have to report it.**

Number of persons in family	Monthly gross income limit (200% FPL)
1	\$1,497
2	2,020
3	2,544
4	3,067
5	3,590
6	4,114
7	4,637
8	5,160
For each additional person, add	\$ 524

NOTE: the income limits change each year, usually in February. The above chart is correct until February 2004.

How to use the chart - Count how many of your children and stepchildren under 19 years old live in your home. Add yourself if you are the parent or stepparent of the children. Add your husband or wife who lives in the home. For example, if you have 4 children and/or stepchildren under age 19 living in your home, and you live there with your husband, your family has 6 persons. The monthly income limit for 6 persons is \$4,114.00. If your family's gross monthly income goes over \$4,114.00 a month, then you must report this to the FAMIS CPU. If your family has more than 8 members, add \$524 for each additional person to the limit for 8 persons, (\$5,160.00) to see the limit for your family size.

You do not have to report to us when your income goes down. However, you may want to report this if your children are in a managed care plan, because this may change the amount of the co-payments that you have to pay for medical and dental care, or your children may be eligible for FAMIS Plus (the new name for children's Medicaid). FAMIS Plus does not require any co-payments.

- 2) **CHANGE OF ADDRESS** - You should always report any change in your address, so that we can contact you. You **must report** to us if your family, or one of the children in your family, moves out of Virginia.
- 3) **ADDING CHILDREN TO YOUR FAMIS COVERAGE** – You must contact FAMIS if you want to apply for coverage for a new baby, or for a child who has moved into your household. **Please note:** An application for a new baby must be received in the month in which the baby is born in order for FAMIS to cover the baby's birth-related medical expenses.
- 4) **REQUEST TO CANCEL FAMIS** – If your situation changes and you no longer want FAMIS for your children, we must have your request in writing. Please FAX or mail your signed request to cancel FAMIS coverage to us. Our FAX number and mailing address are:

Mailing address: FAMIS
P.O. Box 1820
Richmond, VA 23218-1820

FAX number: 888-221-9402

Some changes require that the child's eligibility for FAMIS be redetermined. If necessary, you will be sent a pre-filled FAMIS application. You will need to confirm that the information is correct, sign and return the form along with proof of the reported change.

3. HOW DO I RENEW FAMIS AT THE END OF THE 12 MONTHS?

You will be notified when it is time for renewal. You will be sent a pre-filled application to confirm that the information we have on record is still correct. When you receive the application, please review it to make sure that it is correct, add any information, sign it, attach any documents, and return it. If you do not return the form on time, your child's FAMIS coverage will be canceled.

Your child will be eligible for FAMIS for another 12 months if the child is:

- ☐ Under 19 years of age
- ☐ A resident of Virginia and a U.S. citizen, U.S. national or a qualified immigrant.
- ☐ Living in a family with a gross monthly income below 200% of the federal poverty level (FPL).
- ☐ Not insured by a health insurance plan (this does not include coverage by Medicaid or FAMIS).
- ☐ Not eligible for coverage under any Virginia State Employee Health Insurance Plan.

4. HOW WILL MY CHILD RECEIVE SERVICES?

Once your child is enrolled in FAMIS, you will receive a permanent DMAS health insurance card, one for each enrolled child in your household. FAMIS services are available through managed care organizations (MCOs) or through FAMIS fee-for-service if you live in a locality that is not served by an MCO.

1) Your child's health insurance card

You will receive a plastic, permanent health insurance ID card from DMAS when your child is enrolled in FAMIS. You will receive one card for each FAMIS-enrolled child in your household. If your child is also enrolled in an MCO, he or she will also receive a separate identification card from the MCO.

It is your responsibility to show the child's DMAS health insurance card to providers each time medical or dental services are received and to make sure the provider participates in the Family Access to Medical Insurance Security (FAMIS) program. Failure to present the card at the time of services may result in the parent or guardian being held responsible for any cost of the service. When you receive the child's DMAS health insurance card, check the information on it to be sure it is correct. If it is not correct, you must inform FAMIS of any needed changes or corrections.

Use the DMAS health insurance card to get medically necessary care for your child, and stop using the card immediately when notified by FAMIS that the child is no longer covered.

When your child is enrolled in an MCO, always show the child's MCO ID card when receiving medical or dental services.

Report the loss or theft of your child's DMAS health insurance card to FAMIS immediately. Never lend either the DMAS card or the MCO ID card to anyone.

2) Fee-for-Service

When a child is first enrolled in FAMIS, he or she is able to access health care through the FAMIS fee-for-service program. Children can see any provider in the FAMIS fee-for-service network. Before you schedule an appointment or before you get a prescription filled, ask the doctor, clinic, hospital, dentist, pharmacy or mental health provider if they accept FAMIS. Your child's benefits will be similar to FAMIS Plus (the new name for children's Medicaid) while in FAMIS fee-for-service. **There are no co-payments in FAMIS fee-for-service.**

Children who live in the following Virginia localities **remain in the FAMIS fee-for-service program** and continue to get health care from any FAMIS provider. These localities do not have an MCO available to provide services. **If you live in one of these localities, you will not need to select an MCO:**

Alleghany, Amherst, Appomattox, Bath, Bland, Bristol, Buchanan, Campbell, Carroll, Clarke, Clifton Forge, Covington, Craig, Dickenson, Frederick, Galax, Grayson, Highland, Lee, Lynchburg, Norton, Page, Rappahannock, Russell, Scott, Shenandoah, Smyth, Tazewell, Warren, Washington, Winchester, Wise.

3) Managed Care Areas

If you live in a Virginia locality that is NOT listed in the above "Fee-for-Service" section, your child will be enrolled in a managed care organization (MCO), usually 1 or 2 months after FAMIS enrollment (during the 1 to 2 months before MCO enrollment, your child will get services through the FAMIS fee-for-service program). When enrolled in an MCO, your child must receive all care through a primary care provider (PCP) that you will select from the network of PCPs available in the MCO. That PCP will coordinate all of your child's care within the MCO's network of providers, specialists and hospitals. While you will have a small-co-payment for services your child receives, you will also have additional benefits when you belong to an MCO. These benefits include case management, health education and disease management services, skilled nursing services, chiropractic care and a 24-hour nurse access telephone line.

Once your child is enrolled in the MCO, in addition to the DMAS health insurance card you received, you will also receive a health benefits ID card from the MCO, along with a member handbook and a provider directory from the MCO. **You will only receive one MCO ID card and DMAS health insurance card during your child's enrollment period, so do not lose or throw away either card.** The MCO ID card will include the name of the child's PCP and telephone number, and the MCO's identification number. If you lose your child's MCO ID card, call the MCO to request a new one. Keep your child's MCO ID card with his or her DMAS health insurance card. Always show the MCO ID card when your child receives a medical or dental service.

When your child is enrolled in an MCO, you have 90 days in which to choose another MCO, if another is available in your locality.

When your child's FAMIS coverage is renewed each year, you will have a chance to choose another MCO (if another is available in your locality) or remain with the current health plan. If you do not want to make a change, your child will remain with your current MCO.

There are five MCOs administering FAMIS in Virginia. Different MCOs serve different parts of Virginia. You may call the MCO to see if they offer FAMIS coverage in your locality, or you may call FAMIS at 866-87FAMIS. The MCOs are:

- CareNet 1-800-279-1878
- Sentara Family Care 1-800-881-2166
- Anthem Healthkeepers Plus 1-800-901-0020
- UniCare 1-877-423-2647
- Virginia Premier 1-800-727-7536

5. WHAT DO I PAY FOR FAMIS?

FAMIS does not have yearly or monthly premiums. However, children who are enrolled in an MCO must pay co-payments for some covered services. There are no co-payments required for preventative services such as well-child care, dental checkups, etc. The chart below shows the co-payment amounts for some basic FAMIS services for children who are enrolled in an MCO, based on your co-pay status. **Your co-pay status is on the letter you received from FAMIS, telling you that your child was approved for FAMIS coverage.**

SERVICE	Co-pay Status 1	Co-pay Status 2
Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit
Prescription Drugs	\$2 per prescription	\$5 per prescription
Inpatient Hospital	\$15 per admission	\$25 per admission
Non-emergency use of Emergency Room	\$10 per visit	\$25 per visit
Yearly Co-payment Limit per Family	\$180	\$350

NOTE: Native Americans and Alaskan Natives do NOT have any co-payments.

Other co-payments may apply to other services.

You were notified of the co-payment amounts you will have to pay, and of the amount of your yearly family co-payment limit in the letter you received from FAMIS, telling you that your child was approved for FAMIS coverage. Whenever a child enrolled in FAMIS has a doctor's appointment, needs a prescription filled or gets another FAMIS covered service, ask for and save the receipt for the co-payment amount. If you believe you are close to your yearly co-payment limit, add all the receipts for all your children in FAMIS and compare the total to the yearly co-payment limit.

After you have reached the family co-payment limit that you are responsible for, call FAMIS and ask for a co-payment tracking form. Fill out the form, attach a copy of all the receipts and send the form and receipt copies to FAMIS for a co-payment review. If you have reached the yearly co-payment limit, no additional co-payments will be required for the remainder of your child's twelve-months of coverage.

6. CAN FAMIS HELP ME PAY FOR FAMILY HEALTH INSURANCE AT MY JOB?

YES! There is a special option available for families who can get health insurance for their families at work. It is called "ESHI."

What is ESHI?

ESHI stands for Employer-Sponsored Health Insurance. Some families that have access to health insurance through their employer have the option of enrolling their children in the employer's health plan and FAMIS will help pay part of their monthly premium (cost) for that insurance.

Why would a family choose to participate in ESHI?

If you qualify for ESHI, you could enroll your whole family in your employer's health plan and the State may help you pay part of the cost. This means other family members may receive health insurance coverage—not just your children. It also means that your family can all go to the same doctors and medical facilities. Another benefit of ESHI is that FAMIS will cover the cost of most co-payments and deductibles charged by your employer's health plan for the children in your family who are enrolled in FAMIS.

Who is eligible for ESHI?

First, a child must be found eligible for FAMIS and must be enrolled in FAMIS. Second, the cost to the state of covering the child in ESHI must be equal to, or less than, the cost of covering the child through FAMIS.

How do I apply for ESHI?

- ❑ You may call the Virginia Department of Medical Assistance Services (DMAS) toll-free at 1-800-432-5924, and ask for the “ESHI Unit,” or call ESHI directly at 804-786-7024. ESHI will mail you an application and a form for your employer to complete about the company's health insurance plan.
- ❑ Applying for ESHI is voluntary. If you choose to apply, you will complete your part of the application form, have your employer complete the form about the company's health insurance plan, and then send both forms to ESHI.
- ❑ You will be notified if your family is eligible for premium assistance through ESHI, and how much of your insurance premium would be paid.
- ❑ If you are eligible for ESHI and want to enroll, you will first enroll in your employer's health insurance plan at the first available opportunity, and then send ESHI a copy of a pay stub showing that you are now paying for health insurance at work.

What should I expect if my family is eligible for, and enrolled in, ESHI

- ❑ You will sign up for your employer's health insurance and your employer will deduct your share of the health insurance premium from your paycheck just like the employer does for all other employees.
- ❑ At the end of the month, you will send a copy of your pay-stubs to the Department of Medical Assistance Services ESHI Unit. We will provide you with postage-paid envelopes to use to mail your pay stubs to ESHI.
- ❑ If your child is still eligible for FAMIS and you are still paying for health insurance at work, you will be sent a check each month to reimburse you for the FAMIS child's share of the cost of your health insurance premium. The payment you receive will not cover the full amount that your employer deducts from your paycheck each month. You will be responsible for part of the cost of your health insurance.
- ❑ If there are services covered under FAMIS that are not covered by your employer's plan, your children will be able to obtain these services from FAMIS providers by using your child's DMAS health insurance card when your child visits a provider who accepts FAMIS.
- ❑ You will use your employer's plan first to receive services. If some services are not covered or limits are reached, show your DMAS health insurance card for billing.
- ❑ If your employer's insurance expects a co-payment from you, pay it, then send the statement or receipt to ESHI. Be sure the statement or receipt shows the name of the child who received the service. ESHI

will reimburse you ONLY for the co-payments you have paid for services received by your child or children who are enrolled in FAMIS.

IF YOU ARE INTERESTED IN APPLYING FOR HELP WITH YOUR HEALTH INSURANCE PREMIUMS AT WORK – CALL ESHI TODAY AT 1-800-432-5924, or 804-786-7024!

7. WHAT DO I DO IF AN ACCIDENT CLAIM MAY BE PAID BY OTHER INSURANCE?

FAMIS is designed to help children without comprehensive health insurance. Some types of accident, homeowners', or school insurance plans may provide limited health insurance coverage. If a child receiving health care insurance through FAMIS is injured in any type of accident where an insurance company may pay for the child's medical or dental treatment, the child's parent(s) or guardian is required to inform the Department of Medical Assistance Services (DMAS) Third Party Liability Unit so that payment may be recovered from the other insurance company. The information needed includes: the date services were received, the name of the insurance company, the policy number and, the name of the attorney, if any. Send the information to the following address:

Third Party Liability Unit
Dept. of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, VA 23219

If the insurance company pays you after FAMIS has paid the same bill, you must notify the Department of Medical Assistance Services (DMAS) Recovery Unit at the following address:

Recovery Unit
Dept. of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, VA 23219

When FAMIS has paid for services and it is later found another payment source was available, attempts will be made to recover the money from the other source.

8. WHAT SERVICES DOES FAMIS COVER?

The services listed below (in alphabetical order) are covered by FAMIS. Certain other services may be covered within limitations. Some exceptions may apply.

Abortion Services-FAMIS covers abortions only if necessary to save the life of the mother.

Ambulance –FAMIS covers ambulance services for emergencies when used locally to transport to or from a medical facility or provider's office.

Clinic Services-FAMIS covers these services when they are provided by health centers or by other ambulatory health care centers.

Community Mental Health Rehabilitative Services-Community Mental Health and Community Mental Retardation Services include community rehabilitation mental health and mental retardation services, including intensive in-home services, case management services, day treatment, and 24-hour emergency response. These services are paid for by the Department of Medical Assistance Services (DMAS).

Dental Care Services-FAMIS covers diagnostic, preventive and primary services, as well as complex restorative dental services such as dentures, inlays, onlays, crowns, and relining dentures for a better fit. Orthodontic services are also covered. Some services require pre-authorization.

***Durable Medical Supplies and Equipment**-FAMIS covers durable medical equipment and other medically-related or remedial devices. Included are prosthetic devices, implants, hearing aids and adaptive devices.

Early Intervention Services-FAMIS covers medically necessary speech, physical and occupational therapies and assistive technology from birth to age 3 if certified by the Department of Mental Health Mental Retardation and Substance Abuse Services under Part C of the Individuals with Disabilities Education Act (IDEA).

Home and Community-Based Health Care-FAMIS covers nursing services, home health aides, physical therapy, occupational therapy, and speech, hearing and inhalation therapy.

Hospital Care-FAMIS covers 365 days per confinement in a semi-private room or intensive care unit. Ancillary charges are included. Hospital admissions must be pre-authorized.

Hospital Emergency Services- FAMIS covers emergency room treatment and services for life-threatening conditions.

Hospice Services-FAMIS covers home and inpatient care for terminally ill patients expected to live no more than six months, as certified by a physician.

***Inpatient Mental Health Services**-FAMIS covers services furnished in a psychiatric unit of a general acute care hospital.

Laboratory and X-ray Services-FAMIS covers outpatient diagnostic tests, X-rays, and laboratory services when performed in a physician's office, hospital, independent or clinical reference lab.

***Nursing Services**-FAMIS covers the services of a nurse practitioner, nurse midwife, advanced practice nurse, pediatric nurse and respiratory care services in a home, school or other setting.

Outpatient Care -FAMIS covers outpatient services including emergency services, surgical services and professional services provided in a physician's office or outpatient hospital department.

Outpatient Mental Health Services-FAMIS covers services furnished in a community-based setting. Medically necessary visits with a licensed mental health professional are covered each benefit period. Services must be pre-authorized.

Physician's (Doctor's) Services-FAMIS covers physician's services received while hospitalized, or in a physician's office, or in an outpatient hospital department.

Prenatal Care, Pre -pregnancy/Family Services-FAMIS covers maternity care services. Coverage also includes drugs, supplies, and devices provided under the supervision of a physician to prevent pregnancy.

Prescription Drugs Ordered by a Physician-FAMIS covers outpatient prescription drugs. Prescriptions must be filled using a generic drug. If you choose the brand when a generic is available, you are responsible for the co-payment **plus 100%** of the difference between the allowable charge of the generic drug and the brand drug.

Rehabilitation Services-FAMIS covers physical, occupational and speech-language pathology for individuals with speech, hearing and language disorders. Pre-authorization is required.

Surgical Services-FAMIS covers surgical services provided during a hospital admission, or in a physician's office or in an outpatient hospital department.

Services for Special Education Students - FAMIS covers physical therapy, occupational therapy, speech language pathology, and skilled nursing services.

Transplantation Services-FAMIS covers major organ transplants include heart, liver, pancreas/kidney, lung and heart/lung. Transplants of tissues, certain autologous, allogenic or syngenic bone marrow transplants (or other forms of stem cell rescue) are also covered when pre-authorized.

***Vision Care** -FAMIS covers routine eye examinations every 24 months, eyeglasses and medically necessary contact lenses.

Well-Child Care -FAMIS covers well-child visits for children from birth through 18 years of age including visits, laboratory services, and any immunizations recommended by the Advisory Committee on Immunization Practice (ACIP) or the American Academy of Pediatric Advisory Committees. Also includes lead screening.

** See the managed care organization's member handbook for specific information on the above covered services that are marked with *. If your child is not enrolled with a managed care organization, call the DMAS Recipient Helpline number 804-786-6145.*

9. WHAT DO I DO IF I HAVE A COMPLAINT?

If you have a complaint about FAMIS, you may call the FAMIS Central Processing Unit at 866-87FAMIS.

If you have a complaint about a managed care organization (MCO), when your child is enrolled in an MCO, write to the MCO. You will find more information about filing complaints and requesting a review of MCO decisions (appeals) in the handbook that you will receive from your selected MCO.

If you have a complaint about a doctor, pharmacy, or hospital when your child is NOT enrolled in an MCO, you must write to:

Medical Support Unit
Department of Medical Assistance Services
600 East Broad Street, 12th Floor
Richmond, Virginia, 23219.

If your complaint is about a health treatment matter, a decision must be made within 72 hours.

After review by the MCO or the Medical Support Unit, you will have an opportunity for a final independent review. You will be given information about the final independent review when the MCO or Medical Support Unit has completed its review process.

10. WHAT IS FRAUD?

Fraud is a deliberate withholding or misrepresentation of information to obtain FAMIS health insurance, or knowingly failing to report a change that requires reporting, such as an increase in the family's gross monthly income to over 200% FPL. It includes any act that constitutes fraud under federal or State law. FAMIS fraud also occurs when a doctor or pharmacy bills for services that were not provided to a child enrolled in FAMIS.

The fraudulent receipt of FAMIS covered services by a person who is not eligible may result in criminal prosecution. Fraud and abuse should be reported to FAMIS at (866) 87FAMIS or by calling the DMAS Recipient Audit Unit at (804) 786-0156.

11. HOW DOES FAMIS PROTECT MY PRIVACY?

The Department of Medical Assistance Services (DMAS) and its contractors comply with federal requirements that guard patient privacy. For information about how DMAS protects patient privacy, you may visit the DMAS public web site at <http://www.dmas.state.va.us/HIPAA/hipaa.htm>, or call the DMAS HIPAA Office of Privacy & Security at (804) 225-4460.